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CONFIRMATION NO. 6917

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/634,368	<b>FILING OR 371(c) DATE</b> 08/06/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Kenneth Stewart, <del>Residence Not Provided</del> ; <b>** CONTINUING DATA *****</b> <i>none</i> <b>** FOREIGN APPLICATIONS *****</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2</span> <i>none</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 10/31/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2</span> Verified and Acknowledged <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2</span> Examiner's Signature Initials		<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Evelyn M. Sommer 30th Floor 825 Third Avenue New York, NY 10022					
<b>TITLE</b> Bone instrumentation cover or shield					
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		